<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	01/07/10	Address:	5971 N. West Shafer Dr.
Case #:	14F-39567		Monticello, IN 47960
County:	<u>WHITE</u>		· .
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☑ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
	nd: Location (bedroom, kitchen, open ai	r, etc)	
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Open air/outbuilding			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Open air/outbuilding (contained in flammable solvent)			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
			•
Yes 1	er age 18 discovered (check one) (number present)	Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip
•	port to Child Protective Services	⊠ Other:	
This repor	t is to be faxed to the following agen	cies that serve the l	ocation:
Fire Depart	ment: Monticello FD	Fax: <u>574-5</u> Fax: <u>574-5</u>	
Health Department: White County Health Dept		Fax: <u>574-5</u>	
Child Prote	ction Service: White County		
	information regarding this methamph ag Officer: <u>Brock Russell</u> Pho	etamine laboratory, c ne <u>765-567-2125</u>	ontact

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.